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ABSTRACT

Goals for the Pediatric Nurse Practitioner Associate Programs (PNP/A) are provided for the following areas: health care delivery systems; role responsibility; legal base for PNP/A role; growth and development; family-cultural factors; common childhood problems/illnesses/accidents; communication; assessment; recording; evaluation/interpretation; and devising, implementing, and evaluating a plan of health care. A listing was compiled through review of goal statements for the academic year 1974-75 from the 46 PNP/A programs, and each of the goals was identified by two reviewers to be a goal for at least one PNP/A program. A task force was convened to make operational the goals in the initial list, and the goals were edited and reviewed by the task force and project staff. The universe of goals was then critiqued by three validators. As each operational goal was developed by the task force, it was classified at the most appropriaty level in the cognitive domain, "Bloom's Taxonomy of Educational Objectives." Major categories or levels in the taxonomy are described in an appendix, and a bibliography is provided. (SW)

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UNIVERSE OF GOALS

Pediatric Nurse Practitioner/Associate Programs

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FOREWORD

The Universe of Goals for Pediatric Nurse Practitioner Programs was developed in several stages. First, a listing was compiled through review of goal statements for the academic year 1974-75 from 46 PNP/A programs. Each of the goals on this initial list was identified by two reviewers to be a goal for at least one PNP/A program.

Second, a Task Force composed of representatives from PNP/A program faculty -- both medical and nursing, basic nursing education, and currently practicing PNP/As was convened to operationalize the goals in the initial list. Members of the Task Force are listed in Appendix A, page 24. Third, the list of operationalized goals produced by the Task Force was edited by the project staff and project consultants. Fourth, the resultant universe of goals was reviewed by members of the Task Force by mail. Fifth, comments from the Task Force members were reviewed by project staff and consultants, and integrated into the universe of goals.

Sixth, the universe of goals was critiqued by three "validators," two nursing directors and a medical consultant for PNP/A programs. A listing of the validators is included in Appendix B, page 25. Suggestions from the validators were incorporated into the final draft of the universe of goals which appears in this document.

As each operationalized goal was developed by the Task Force, it was classified at the most appropriate level in the cognitive domain, Bloom's Taxonomy of Educational Objectives. The word in parentheses, e.g., (knowledge), at the end of each goal statement indicates the taxonomic level. Appendix C, page 26, contains illustrative examples for the various levels in the Taxonomy.

DOMAIN 1: HEALTH CARE DELIVERY SYSTEMS

The PNP will:

1.1 Define primary, secondary and tertiary care. *(Knowledge)

1.2 Identify the primary, secondary and tertiary services available to children. (Knowledge)

1.3 Explain the need for linkages among health agencies as they relate to comprehensiveness of care, continuity of care, accessibility of care, availability of care, and cost of care. (Comprehension)

1.4 Identify the advantages and disadvantages of an interdisciplinary approach to health care in relation to comprehensiveness of care and continuity of care. (Knowledge)

1.5 Identify community resources which could be utilized for assisting children/families with environmental problems such as housing, sanitation, mosquito control, rat control, lead control, food handling, air pollution, and occupational health and safety. (Knowledge)

1.6 Identify community resources available which could be utilized for assisting children/families with social problems (e.g., behavioral disorders, marital problems, child abuse/neglect, and home care needs). (Knowledge)

1.7 Identify the physical and/or sociocultural characteristics which define each of the following as a high risk group: (e.g., unimmunized children, drug abusers, alcoholics, abused and neglected children, pregnant teenagers, clients with VD, and low birth weight infants). (Knowledge)

1.8 Identify services within a practice setting that could be utilized to help high risk groups (e.g., unimmunized children, drug abusers, alcoholics, abused and neglected children, pregnant teenagers, clients with VD, and low birth weight infants). (Application)

1.9 Describe the major basic mechanisms of payment for pediatric health services in the USA in relation to: (Knowledge)

- 1.9.1 Method, e.g.:
  - 1.9.1.1 Prepayment
  - 1.9.1.2 Fee for service
- 1.9.2 Source of payment, e.g.:
  - 1.9.2.1 Personal funds
  - 1.9.2.2 Governmental (Federal, state, local)
    - 1.9.2.2.1 Medicaid
    - 1.9.2.2.2 Medicare
    - 1.9.2.2.3 Crippled Children's
    - 1.9.2.2.4 Tax supported agencies

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* Indicates taxonomic level -- See Appendix C, page 26.

1.9.2.3 Other
1.9.2.3.1 Private insurance
1.9.2.3.2 Voluntary agencies

1.10 Describe one's own philosophy of health care relative to comprehensiveness, accessibility, availability, acceptability, and continuity. (Comprehension)

1.11 Identify the socioeconomic forces that are affecting the role of nursing. (Knowledge)

1.12 Identify categories of management policies for agencies serving children/families which affect PNP/A practice, e.g.: (Knowledge)

1.12.1 Rules for entry into delivery system.
1.12.2 Referral among agencies.
1.12.3 Regulations, e.g., school health, wage and h[illegible], list of reportable diseases.

1.13 Identify mechanism for establishing policies within one's practice. (Knowledge)

1.14 Relate trends in child health care in the local, state and national delivery systems to one's practice. (Application)

1.14.1 Delivery of curative and preventive care from a single source.
1.14.2 Use of day care centers and schools as sources of primary care.
1.14.3 Development of regional planning mechanisms to coordinate health care services.
1.14.4 Legislation of state and municipal ordinances related to health delivery.
1.14.5 Establishment of Federal programs for preventive health services for children such as EPSDT.
1.14.6 Alterations in Medicaid and Medicare regulations.

1.15 Describe current private and public health care systems according to mode of entry and support (back-up) services, e.g.: (Knowledge)

1.15.1 Private - Entry
1.15.1.1 Individual -- physician, nurse practitioner
1.15.1.2 Group practice
1.15.1.3 HMO
1.15.2 Public - Entry
1.15.2.1 EPSDT
1.15.2.2 Head Start
1.15.2.3 Acute care facility
1.15.2.4 Neighborhood health center
1.15.2.5 Public health clinic
1.15.3 Support services (private and public back-up services, e.g., hospitals, visiting nurses' associations).

1.16 Relate to PNP/A practice the content of existing and pending federal health legislation, e.g.: (Application)

- 1.16.1 National health insurance bills
- 1.16.2 HMO Act
- 1.16.3 EPSDT legislation
- 1.16.4 Social Security Act

1.17 Identify deficiencies in services for pediatric clients in health care delivery systems. (Knowledge)

1.18 List major reasons for the apparent shortage of primary care providers in the USA. (Knowledge)

1.19 Distinguish between the concept of health care versus medical care. (Comprehension)

DOMAIN 2: ROLE RESPONSIBILITY

The PNP will:

2.1 Facilitate role reorientation and redefinition by:

- 2.1.1 Articulating the role of the PNP/A relative to: (Comprenension)
  - 2.1.1.1 Scope of practice
  - 2.1.1.2 Interdependence of activity
  - 2.1.1.3 Motivation for extended role
  - 2.1.1.4 Level of responsibility
  - 2.1.1.5 Accountability
- 2.1.2 Describing the historical evolvement of the nurse practitioner role. (Knowledge)
- 2.1.3 Recognizing attitudes of patients, co-workers, and other disciplines relative to the PNP/A role. (Application)
- 2.1.4 Identifying areas of friction with patients and personnel relative to the PNP/A role. (Application)
- 2.1.5 Negotiating areas of mutual concern relative to the PNP/A role with patients and personnel. (Application)
- 2.1.6 Relating the goals of professional organizations such as ANA, NLN, American Academy of Pediatrics, Ambulatory Pediatric Association, Council of Pediatric Nurse Practitioners, and NAPNAP to the PNP/A role. (Application)
- 2.1.7 Identifying relevant actions taken by ANA, NLN, American Academy of Pediatrics, Ambulatory Pediatric Association, Council of Pediatric Nurse Practitioners, and NAPNAP. (Knowledge)
- 2.1.8 Participating in programs sponsored by organizations and agencies concerned with the health care of children. (Application)
- 2.1.9 Utilizing current periodicals concerned with pediatric care. (Application)
- 2.1.10 Distinguishing between the terms: licensure, credentialing, accreditation, and certification. (Comprehension)
- 2.1.11 Identifying areas of differences and/or similarities in the practice of the following primary health care providers: physicians, child health associates, physician's assistants, and pediatric nurse practitioners. (Comprehension)

2.2 Demonstrate ability to collaborate and consult with physician(s) and other health workers by:

- 2.2.1 Identifying responsibilities that she/he will be assuming in nurse practitioner role vs. traditional nursing role. (Comprehension)
- 2.2.2 Identifying tasks that she/he and employer agree will be assigned to support personnel. (Comprehension)
- 2.2.3 Implementing a plan for teaching and guidance of support personnel. (Application)
- 2.2.4 Developing a written protocol with her/his physician and other associates that provides direction for those areas requiring medical management yet permits decision-making at the nurse practitioner's level of competency. (Synthesis)

2.2.5 Developing a manual of guidelines with her/his physician and other associates for the management of well child care (i.e., in relationship to scheduling, management of developmental and learning problems and child rearing problems). (Synthesis)

2.2.6 Writing a job description. (Application)

2.2.7 Writing an employment contract. (Application)

2.2.8 Producing a method for periodic and systematic audit of patient records. (Application)

2.2.9 Initiating periodic conferences (learning experiences) with physicians and other associates. (Application)

2.2.10 Developing procedures for implementing hospital visiting privileges. (Application)

2.2.11 Devising procedure for introducing PNP/A role in practice setting. (Application)

2.3 Maintain nursing skills through continued education. (Application)

2.4 Demonstrate professional responsibility relative to decision-making by: (Application)

2.4.1 Being accessible to patients.

2.4.2 Making referrals appropriately.

2.4.3 Evaluating care provided.

2.4.4 Signing patient records and all other official documents.

2.4.5 Functioning as a role model by setting examples of child care through practice, e.g., management of child during anxious period.

2.5 Function as the primary health care provider for a defined group of patients (manages own caseload). (Evaluation)

2.6 Identify the reasons for securing malpractice insurance. (Knowledge)

2.7 Initiate the planning for changes in the delivery of care within a health care system. (Application)

2.8 Utilize research data to initiate change within her/his practice. (Application)

2.9 Function as an advocate for children and youth by interacting with significant others to facilitate the care of children. (Application)

2.10 Promote the concepts of health and wellness in the community setting. (Application)

DOMAIN 3: LEGAL BASE FOR PNP/A ROLE

The PNP will:

3.1 Paraphrase the statutes which regulate PNP/A practice, e.g., Nursing Practice Act, Medical Practice Act, Physician's Assistant Acts, PNP/A Acts, Pharmacy Laws, etc. (Comprehension)

3.2 Relate legal issues to the role of the PNP/A: (Application)

- 3.2.1 Acts of diagnosis
- 3.2.2 Negligence
- 3.2.3 Malpractice
- 3.2.4 Statutory law
- 3.2.5 Case law
- 3.2.6 Custom and usage
- 3.2.7 Medical diagnosis
- 3.2.8 Nursing diagnosis
- 3.2.9 Tort liability

3.3 Identify the standard of care that applies to her/his conduct when assuming tasks customarily performed by a physician. (Knowledge)

3.4 Describe the legal responsibility for the structure, process, and outcome of health care. (Knowledge)

DOMAIN 4: GROWTH AND DEVELOPMENT

The PNP will:

4.1 Differentiate among theories and concepts of child development as proposed by: (Analysis)

- 4.1.1 Freud
- 4.1.2 Piaget
- 4.1.3 Erickson
- 4.1.4 Gesell

4.2 Describe ranges of normative development in relation to anatomical, physiological, motor, cognitive, psychological, and social behavior appropriate for the: (Knowledge)

- 4.2.1 Newborn
- 4.2.2 Infant
- 4.2.3 Toddler
- 4.2.4 Preschooler
- 4.2.5 School age child
- 4.2.6 Adolescent

4.3 Differentiate between normal and abnormal development in relation to anatomical, physiological, motor, cognitive, psychological, and social behavior for the: (Analysis)

- 4.3.1 Newborn
- 4.3.2 Infant
- 4.3.3 Toddler
- 4.3.4 Preschooler
- 4.3.5 School age child
- 4.3.6 Adolescent

4.4 Determine normal and abnormal developmental behaviors in children in a variety of settings. (Application)

4.5 Relate the effects of culture to the development of the child. (Application)

4.6 Describe the effects of situational crises on the development of the child. (Knowledge)

4.7 Identify environmental factors which have the potential for affecting the development of the child. (Knowledge)

DOMAIN 5: FAMILY-CULTURAL FACTORS

The PNP will:

5.1 Identify the following as factors which differentiate cultural patterns: (Knowledge)

- 5.1.1 Economics
- 5.1.2 Race
- 5.1.3 Age
- 5.1.4 Education
- 5.1.5 Values
- 5.1.6 Language
- 5.1.7 Geography
- 5.1.8 Ethnic background
- 5.1.9 Orientation to time
- 5.1.10 Family structure
- 5.1.11 Political orientation
- 5.1.12 Religion

5.2 Relate the above factors to: (Application)

- 5.2.1 Nutrition
- 5.2.2 Hygiene (personal and home)
- 5.2.3 Childrearing
- 5.2.4 Family dynamics (definition, functions, emotional stages, etc.)
- 5.2.5 Sexual behaviors and attitudes
- 5.2.6 Diversion, recreation
- 5.2.7 Health care
- 5.2.8 Use of community resources
- 5.2.9 Parenting
- 5.2.10 Unique health problems/illnesses

DOMAIN 6: COMMON CHILDHOOD PROBLEMS/ILLNESSES/ACCIDENTS

The PNP will demonstrate current knowledge of common childhood problems/illnesses/accidents by:

6.1 Identifying the most commonly occurring problems within each of the following (Knowledge)

- 6.1.1 Symptoms/signs
  - 6.1.1.1 Fever
  - 6.1.1.2 Vomiting
  - 6.1.1.3 Diarrhea
- 6.1.2 Systems
  - 6.1.2.1 Respiratory
  - 6.1.2.2 Cardiovascular
  - 6.1.2.3 Gastrointestinal
  - 6.1.2.4 Genitourinary
  - 6.1.2.5 Musculoskeletal
  - 6.1.2.6 Neurological
  - 6.1.2.7 Hematological
  - 6.1.2.8 Endocrine
  - 6.1.2.9 Reproductive
- 6.1.3 Miscellaneous
  - 6.1.3.1 Dermatologic conditions (diaper rash, scabies, etc.)
  - 6.1.3.2 Ear, nose, throat
  - 6.1.3.3 Eye conditions (strabismus, conjunctivitis, etc.)
  - 6.1.3.4 Nutritional conditions
  - 6.1.3.5 Congenital defects
  - 6.1.3.6 Communicable diseases
  - 6.1.3.7 Growth and development problems
    - 6.1.3.7.1 Retardation
    - 6.1.3.7.2 Behavioral problems
    - 6.1.3.7.3 F.T.T.
  - 6.1.3.8 Learning problems
  - 6.1.3.9 Genetic conditions
  - 6.1.3.10 Social problems
    - 6.1.3.10.1 Child abuse
    - 6.1.3.10.2 Child neglect
  - 6.1.3.11 Accidents
    - 6.1.3.11.1 Trauma
    - 6.1.3.11.2 Poisonings
  - 6.1.3.12 Medical emergencies
  - 6.1.3.13 Allergies
  - 6.1.3.14 Oncology
    - 6.1.3.14.1 Tumor
    - 6.1.3.14.2 Leukemia
  - 6.1.3.15 Sudden Infant Death Syndrome

6.2 Identifying for the most commonly occurring childhood problems/illnesses in the above categories: (Knowledge)

- 6.2.1 The scientific bases (etiology, pathophysiology, etc.)

6.2.2 Signs and symptoms
6.2.3 Common diagnosis and management procedures
6.2.4 Usual course of problem/illness
6.2.5 Possible complications
6.2.6 Criteria for referral

DOMAIN 7: HEALTH MAINTENANCE

The PNP will:

7.1 Describe a health maintenance program in relation to the following characteristics: (Comprehension)

- 7.1.1 Age specificity
- 7.1.2 Flexibility to meet individual needs
- 7.1.3 Emphasis on prevention
- 7.1.4 Promotion of health
- 7.1.5 Comprehensiveness
- 7.1.6 Continuity

7.2 Outline elements of a health maintenance program in relation to: (Comprehension)

- 7.2.1 Assessment
  - 7.2.1.1 Screening procedures
  - 7.2.1.2 History
  - 7.2.1.3 Physical examination
  - 7.2.1.4 Physical measurements (height, weight, etc.)
- 7.2.2 Anticipatory guidance
- 7.2.3 Immunizations
- 7.2.4 Mechanism for managing illnesses and deviations from normality identified by screening procedures

7.3 Develop a health maintenance program relating characteristics and elements of the program (relate 7.1 and 7.2). (Application)

7.4 Provide anticipatory guidance* during management of well child care in relation to: (Application)

- 7.4.1 Normal physical, psychological, cognitive, and sociocultural developmental patterns
- 7.4.2 Speech and language development
- 7.4.3 Environmental needs
- 7.4.4 Developmental stresses, e.g., sibling rivalry
- 7.4.5 Coping behaviors and/or styles, e.g., agression, lying, regression, play, humor
- 7.4.6 Emotional crises, e.g., hospitalization, death, family disorganization
- 7.4.7 Parent-child interaction
- 7.4.8 Separation anxiety
- 7.4.9 Grief
- 7.4.10 Safety

*To distinguish anticipatory guidance from counseling, it is defined as information sharing to maximize the family's future ability to support the normal development of the child. Counseling is defined in 8.5.2., p. 14.

7.4.11 Sex education (including family planning and prevention of VD)
7.4.12 Parental attitudes toward children's sexuality
7.4.13 School problems
7.4.14 Peer relationships
7.4.15 Family nutrition, including modification of eating patterns to allow for special needs of individual members, e.g., pregnancy, illness, age
7.4.16 Dental care and hygiene
7.4.17 Drug abuse
7.4.18 Immunizations
7.4.19 First Aid
7.4.20 Disease prevention
7.4.21 Health maintenance plan

7.5 Recognize the potential for crises in the family setting. (Application)

7.6 List the indications, contraindications, route of administration, side effect, and schedule for all immunizations recommended by the American Academy of Pediatrics and the Communicable Disease Center. (Knowledge)

7.7 Identify situations that require the modification of a predetermined immunization plan. (Knowledge)

7.8 Explain the rationale for the 1974 revision of the "Suggested Schedule for Preventive Child Health Care," as published by the American Academy of Pediatrics. (Comprehension)

DOMAIN 8: COMMUNICATION

The PNP will:

8.1 Identify tools of communication. (Knowledge)

- 8.1.1 Language
- 8.1.2 Observation and perception
- 8.1.3 Nonverbal behavior
- 8.1.4 Silence
- 8.1.5 Listening

8.2 Identify steps for establishing a therapeutic climate for interaction such as: (Knowledge)

- 8.2.1 Introducing self and others to individual in the setting
- 8.2.2 Exploring the purpose of the interaction
- 8.2.3 Approaching the child/family at their level of understanding
- 8.2.4 Arranging comfortable positions for persons involved to minimize distance
- 8.2.5 Control the immediate environment for noise, lighting, ventilation, etc.
- 8.2.6 Dress appropriately for the situation
- 8.2.7 Remain nonjudgmental in relation to others' behaviors

8.3. Identify the behaviors comprising therapeutic communication such as: (Knowledge)

- 8.3.1 Asking questions that are pertinent to the situation
- 8.3.2 Clarifying information received through restatement of others' responses
- 8.3.3 Allowing family/child/others to participate in the identification and appraisal of problems
- 8.3.4 Following-up on problems identified by child/family/others
- 8.3.5 Selecting priorities for discussion with parents and child
- 8.3.6 Utilizing feedback and positive reinforcement procedures
- 8.3.7 Maintaining the confidentiality of information
- 8.3.8 Being attentive to others' communication behavior
- 8.3.9 Confirming the accuracy and consistency of information obtained
- 8.3.10 Considering factors which influence compliance
- 8.3.11 Utilizing audiovisual aids
- 8.3.12 Integrating appropriate clues during interaction
- 8.3.13 Evaluating the interaction relative to self-performance
- 8.3.14 Identifying conflicting thoughts and feelings between persons interacting
- 8.3.15 Identifying one's own bias
- 8.3.16 Recognizing when a child/family is ready to give information

8.4 Identify barriers to therapeutic communication. (Knowledge)

8.5 Establish a therapeutic climate for interactions in the following situations: (Application)

8.5.1 Interviewing -- (Collection of data), e.g., history taking

8.5.2 Counseling -- (Professional guidance -- advising relative to an existing problem), e.g.,

Provide guidance to parents regarding the use of appropriate delivery agencies

Assist a mother to develop a feeding schedule for her six-month old infant

Helping a mother cope with anxiety over toilet training for her 18 month old child

8.5.3 Teaching (Imparting knowledge), e.g.,

Instructs adolescents in the area of normal sexual development

Show other nursing personnel how to interpret results from the DDST

Interpret the practitioner role to others

8.5.4 Reporting -- (Disseminating specific information to the child/family and significant others), e.g.,

Presenting nursing interpretations and care plans to the health team

Explaining results of laboratory studies to the child/family

8.6 Utilize the tools of communication (language, observation and perception, nonverbal behavior, silence, listening) in exhibiting the behaviors comprising therapeutic communication in each of the following situations: (Application)

8.6.1 Interviewing -- (defined 8.5.1)

8.6.2 Counseling -- (defined 8.5.2)

8.6.3 Teaching -- (defined 8.5.3)

8.6.4 Reporting -- (defined 8.5.4)

8.7 Modify climate and tools for communicating: (Application)

8.7.1 With individuals

8.7.2 With groups

8.7.3 In written form

DOMAIN 9: THE NURSING PROCESS AS APPLIED TO THE PNP/A ROLE

9.1 ASSESSMENT

9.1.1 History data collection

9.1.1.1 Identify the components of a standard health history: (Knowledge)
- 9.1.1.1.1 Chief concern or present illness
- 9.1.1.1.2 Prenatal history
- 9.1.1.1.3 Birth history
- 9.1.1.1.4 Medical history
  - 9.1.1.1.4.1 Immunizations
  - 9.1.1.1.4.2 Accidents
  - 9.1.1.1.4.3 Illnesses
  - 9.1.1.1.4.4 Surgery/hospitalizations
  - 9.1.1.1.4.5 Allergies
  - 9.1.1.1.4.6 Review of systems
- 9.1.1.1.5 Behavioral history
  - 9.1.1.1.5.1 Developmental (psychomotor, cognitive and personality)
  - 9.1.1.1.4.2 Psychosocial (all interpersonal relationships which affect the client's health)
- 9.1.1.1.6 Nutritional history
- 9.1.1.1.7 Family history
  - 9.1.1.1.7.1 Socioeconomic
  - 9.1.1.1.7.2 Health
  - 9.1.1.1.7.3 Environmental
  - 9.1.1.1.7.4 Support systems for parents

9.1.1.2 Using appropriate interviewing skills, collect from the patient the components of a standard health history: (Application)
- 9.1.1.2.1 Chief concern or present illness
- 9.1.1.2.2 Prenatal history
- 9.1.1.2.3 Birth history
- 9.1.1.2.4 Medical history
  - 9.1.1.2.4.1 Immunizations
  - 9.1.1.2.4.2 Accidents
  - 9.1.1.2.4.3 Illnesses
  - 9.1.1.2.4.4 Surgery/hospitalizations
  - 9.1.1.2.4.5 Allergies
  - 9.1.1.2.4.6 Review of systems

9.1.1.2.5 Behavioral history
- 9.1.1.2.5.1 Developmental (psychomotor, cognitive and personality)
- 9.1.1.2.5.2 Psychosocial (all interpersonal relationships which affect the client's health)

9.1.1.2.6 Nutritional history

9.1.1.2.7 Family history
- 9.1.1.2.7.1 Socioeconomic
- 9.1.1.2.7.2 Health
- 9.1.1.2.7.3 Environmental
- 9.1.1.2.7.4 Support systems for parents

9.1.1.3 Differentiate between relevant and irrelevant information during history data collection. (Analysis)

9.1.1.4 Modify history data collection procedures appropriately for: (Application)
- 9.1.1.4.1 First visit
- 9.1.1.4.2 Episodic illness visit
- 9.1.1.4.3 Interval or follow-up visit
- 9.1.1.4.4 Accident/emergency

9.1.2 Physical Examination

The PNP will:

9.1.2.1 Identify the characteristic components of the following skills: (Knowledge)
- 9.1.2.1.1 Observation
- 9.1.2.1.2 Palpation
- 9.1.2.1.3 Percussion
- 9.1.2.1.4 Auscultation

9.1.2.2 Demonstrate correct procedures for using the following instruments: (Application)
- 9.1.2.2.1 Otoscope
- 9.1.2.2.2 Ophthalmoscope
- 9.1.2.2.3 Stethoscope
- 9.1.2.2.4 Other, e.g.:
  - Reflex hammer
  - Nasal speculum
  - Vaginal speculum

9.1.2.3 Approach the child in a manner that facilitates cooperation during the physical examination. (Application)

9.1.2.4 Examine through observation the general physical appearance of a patient in terms of sex, age, body build, hydration, activity, race, emotional level, hygiene, and level of well-being. (Application)

9.1.2.5 List the landmarks used for differentiating normal and abnormal physical findings for parts of the body and related body systems. (Knowledge)

9.1.2.6 Examine through observation, palpation, percussion and/or auscultation, where appropriate, to identify normal and abnormal findings for a specific patient in relation to the discriminating factors (landmarks) within the following parts of the body: (Analysis)

- 9.1.2.6.1 Skin
- 9.1.2.6.2 Head (include eyes, ears, nose and mouth)
- 9.1.2.6.3 Neck
- 9.1.2.6.4 Chest (heart and lungs)
- 9.1.2.6.5 Upper extremities
- 9.1.2.6.6 Abdomen
- 9.1.2.6.7 Back/spine
- 9.1.2.6.8 Lower extremities
- 9.1.2.6.9 Genitalia
- 9.1.2.6.10 Rectum

9.1.2.7 Relate the examination of each part of the body to appropriate body systems as listed below: (Analysis)

- 9.1.2.7.1 Respiratory
- 9.1.2.7.2 Circulatory
- 9.1.2.7.3 Excretory
- 9.1.2.7.4 Musculoskeletal
- 9.1.2.7.5 Neurological
- 9.1.2.7.6 Reproduction
- 9.1.2.7.7 Endocrine
- 9.1.2.7.8 Digestive

9.1.2.8 Examine body parts and systems in appropriate sequence. (Application)

9.1.3 Utilization of screening tools

The PNP will:

9.1.3.1 Identify characteristics of a screening test. (Knowledge)

9.1.3.2 Identify screening tests used to collect data in the following areas: (Knowledge)

- 9.1.3.2.1 Physiological
- 9.1.3.2.2 Developmental
- 9.1.3.2.3 Psychosocial

9.1.3.3 Administer correctly each of the following screening tools:

- 9.1.3.3.1 Denver Developmental Screening Test (*Application)
- 9.1.3.3.2 Gesell Drawing Test
- 9.1.3.3.3 Goodenough Draw-A-Man
- 9.1.3.3.4 Audiometric Test
- 9.1.3.3.5 Vision Testing (Snellen)
- 9.1.3.3.6 DASE
- 9.1.3.3.7 Preschool Readiness Experimental Screening Scale (Press)
- 9.1.3.3.8 Tuberculin Test
- 9.1.3.3.9 Hemastix
- 9.1.3.3.10 Hematocrit

9.1.3.3.11 Hemoglobin
9.1.3.3.12 PKU
9.1.3.3.13 Papanicolau
9.1.3.3.14 Urinalysis
9.1.3.3.15 Growth Charts

9.1.3.4 Select appropriate screening procedures for situations with clients. (Application)

9.1.4 The PNP will:

Relate relevant information from previous data recordings and other sources with current findings. (Synthesis)

9.2. RECORDING

The PNP will:

9.2.1 Using the Problem Oriented Record or other standard format for recording, set down in writing the following: (Application)
- 9.2.1.1 Demographic data
- 9.2.1.2 Assessment data
- 9.2.1.3 Interpretation and evaluation of findings
- 9.2.1.4 Plan of care (including referrals and consultations)
- 9.2.1.5 Implementation including resources used
- 9.2.1.6 Plan for monitoring
- 9.2.1.7 Progress of patient
- 9.2.1.8 Evaluation procedures and results

9.2.2 Produce a record of health care which meets requirements for legal use. (Application)

9.2.3 Write a case abstract. (Synthesis)

9.3. EVALUATION/INTERPRETATION

The PNP will:

9.3.1 Evaluate present and past data recordings by: (Evaluation)
- 9.3.1.1 Appraising significance of findings from:
  - 9.3.1.1.1 Screening tools
    - 9.3.1.1.1.1 DDST
    - 9.3.1.1.1.2 Snellen
    - 9.3.1.1.1.3 Audiologic
    - 9.3.1.1.1.4 Other
  - 9.3.1.1.2 Health history
  - 9.3.1.1.3 Physical exam
  - 9.3.1.1.4 Laboratory and X-ray data
- 9.3.1.2 Differentiating between normal and abnormal findings from:
  - 9.3.1.2.1 Screening tools
    - 9.3.1.2.1.1 DDST
    - 9.3.1.2.1.2 Snellen
    - 9.3.1.2.1.3 Audiologic
    - 9.3.1.2.1.4 Other
  - 9.3.1.2.2 Health history
  - 9.3.1.2.3 Physical exam
  - 9.3.1.2.4 Laboratory and X-ray data

9.3.2 Integrate current findings and previous data recording. (Synthesis)

9.3.3 Formulate conclusions based on evaluation of data using independent judgment in the following situations: (Evaluation)
- 9.3.3.1 Health maintenance -- well-child visit
- 9.3.3.2 Acute illnesses -- accidents and emergencies
- 9.3.3.3 Long-term illnesses -- stable chronic illnesses, complex health problems, handicapping conditions

9.3.4 Decide to: (Evaluation)
- 9.3.4.1 Manage the patient her/himself (seeks consultation as necessary)
- 9.3.4.2 Manage the patient her/himself in collaboration with a physician
- 9.3.4.3 Refer the patient

9.4 DEVISING A PLAN OF HEALTH CARE

The PNP will:

9.4.1 Devise a plan of health care by: (Synthesis)

- 9.4.1.1 Collaborating with other involved persons (i.e., family, physician(s), other health team members, school officials, etc.).
- 9.4.1.2 Considering cultural and environmental factors that may impinge on the health of the child.
- 9.4.1.3 Prioritizing patient/family needs.
- 9.4.1.4 Anticipating the needs of the well child.
- 9.4.1.5 For illnesses, predicting usual course of disease and/or complications.
- 9.4.1.6 Anticipating usual reactions to treatments, medications and procedures.
- 9.4.1.7 Identifying short/long-term goals.
- 9.4.1.8 Identifying procedural components to meet goals.

9.5 IMPLEMENTING A PLAN OF HEALTH CARE

The PNP will:

9.5.1 Implement a plan of health care by: (Application)

- 9.5.1.1 Discussing the plan with child/family.
- 9.5.1.2 When appropriate, referring patient to physicians and/or other persons/agencies, nutritionist, social worker, schools, courts, clergy, etc.
- 9.5.1.3 Instituting treatments, procedures, and nonprescription/prescription medication either independently, in consultation with/under supervision of a physician, or according to agreed protocol.
- 9.5.1.4 Following through with treatments, procedures and medications prescribed by the physician.
- 9.5.1.5 Instructing parent/child about therapeutic measures to be used in the plan including the projected course of the problem, the possible adverse effects of any prescribed medications, and the recognition of complications that require consulting the nurse practitioner.
- 9.5.1.6 Making various health related visits where appropriate, e.g., hospital, home, school visits.
- 9.5.1.7 Making a contract with parent/child relative to counseling.
- 9.5.1.8 Expediting the scheduling of other appointments (e.g., X-ray, psychological testing, follow-up, etc.)

9.6 EVALUATING A PLAN OF HEALTH CARE

The PNP will:

9.6.1 Evaluate a plan of health care (determine the accuracy of the diagnosis and the effectiveness of the care rendered) by:

- 9.6.1.1 Monitoring the plan of care through ongoing contact with the patient/family and significant others, to:
  - 9.6.1.1.1 Determine whether the disease, problem, or anticipated reaction to treatments, medications, or procedures is following predicted course (Evaluation)
  - 9.6.1.1.2 Follow-up the investigation of reportable diseases (Application)
  - 9.6.1.1.3 Follow-up local, state, and national referrals (Application)
- 9.6.1.2 Determining the attainment of short/long-term goals (Evaluation)
- 9.6.1.3 Making a decision to: (Evaluation)
  - 9.6.1.3.1 Continue with the plan as originally devised
  - 9.6.1.3.2 Modify the plan and implementation procedures
  - 9.6.1.3.3 Reassess patient
  - 9.6.1.3.4 Resume service to the patient under her/his health plan

APPENDIX A

Task Force -- Universe of Goals

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APPENDIX B

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APPENDIX C

TABLE I. Major Categories (Levels) in the Cognitive Domain of the Taxonomy of Educational Objectives (Bloom, 1956)

Descriptions of the Major Categories

1.	**Knowledge.** Knowledge is defined as the recall of learned material. This may entail the remembering of complete principles or theories. Knowledge represents the lowest level of learning outcomes in the cognitive domain.
2.	**Comprehension.** Comprehension is defined as the ability to understand the meaning of material. Learners are expected to know what is being communicated in a given material and to be able to make some use of the ideas contained in it. This can be manifested by translating a lengthy part of a communication into briefer or more abstract terms, by interpreting materials or by predicting consequences.
3.	**Application.** Application is defined as the ability to use learned material in new situations. Given a problem new to the learner, he/she will apply the appropriate abstraction (such as a rule, principle, or theory) without having to be shown how to use it in that situation. In this document, application is the lowest level of cognition for performance goals which require interaction with patients/clients in a clinical setting.
4.	**Analysis.** Analysis refers to the ability to break down material into its constituent parts, to detect the relationships between parts, and to comprehend the organizational structure. This may include the ability to distinguish fact from hypothesis, to distinguish relevant from extraneous material, or to determine how one idea relates to another.
5.	**Synthesis.** Synthesis is defined as the putting together of parts to form a whole. This category in the taxonomy may involve the writing of a theme or speech, or the production of a plan of operations such as a research proposal or the development of a patient care plan. At this level in the cognitive domain, the learner must draw upon creative behavior to combine elements from numerous sources into a structure or pattern not clearly there before.
6.	**Evaluation.** Evaluation refers to the ability to make judgments about the value of ideas, solutions, materials, etc., for some given purpose. The judgments are to be based on definite criteria, either internal or external.

These six categories represent a hierarchy in the cognitive domain, with each category requiring a higher level of understanding than the one before. Comprehension is at a higher level than knowledge, application is one step beyond comprehension, etc. The six levels of the taxonomy are also cumulative in nature – each of the categories subsume elements of **all** *of the categories at lower levels in the hierarchy.*

APPENDIX C

TABLE II. Examples of Illustrative Verbs and Behavioral Objectives for the Cognitive Domain

Illustrative Verbs for Stating Behavioral Objectives	*Examples of Behavioral Objectives from the Universe of Goals for PNP/A Programs*
IDENTIFIES DEFINES DESCRIBES LISTS OUTLINES LABELS MATCHES STATES	DEFINES primary, secondary, and tertiary care. IDENTIFIES situations that require the modification of a predetermined immunization plan. LISTS major reasons for the apparent shortage of primary care providers in the USA.
EXPLAINS DISTINGUISHES GENERALIZES INFERS PREDICTS SUMMARIZES DESCRIBES	EXPLAINS the need for linkages among health agencies as they relate to comprehensiveness of care, continuity of care, accessibility of care, availability of care, and cost of care. DISTINGUISHES between the concept of health care versus medical care. DESCRIBES one's own philosophy of health care relative to comprehensiveness, accessibility, availability, acceptability, and continuity.
RELATES UTILIZES IMPLEMENTS PROMOTES DETERMINES MODIFIES DEMONSTRATES SOLVES PRODUCES	RELATES trends in child health care in the local, state, and national delivery systems to one's practice. DEMONSTRATES correct procedures for using the following instruments: otoscope, stethoscope . . . PRODUCES a record of health care which meets requirements for legal use.
DIFFERENTIATES BREAKS DOWN DIAGRAMS DISCRIMINATES SEPARATES SUBDIVIDES RELATES	DIFFERENTIATES between relevant and irrelevant information during history data collection. DIFFERENTIATES among theories and concepts of child development as proposed by Freud, Piaget, Erickson, and Gesell. RELATES the examination of each part of the body to appropriate body systems as listed below: respiratory, circulatory . . .
DEVELOPS WRITES INTEGRATES DEVISES ORGANIZES REVISES COMBINES CATEGORIZES COMPILES RELATES	DEVELOPS a written protocol with her/his physician and other associates that provides direction for those areas requiring medical management yet permits decision-making at the nurse practitioner's level of competency. WRITES a case abstract. INTEGRATES current findings and previous data recording.
FUNCTIONS APPRAISES DECIDES CONCLUDES DETERMINES JUSTIFIES SUPPORTS CRITICIZES	FUNCTIONS as the primary health care provider for a defined group of patients (manages own caseload). APPRAISES significance of findings from screening tools, health history, physical exam, and laboratory and x-ray data. DECIDES to manage the patient her/himself.

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Indiana University
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Maine Medical Center
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Phoenix, Arizona

University of California
Irvine, California

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University of Iowa
Iowa City, Iowa

Johns Hopkins University
Baltimore, Maryland

University of Maryland
Baltimore, Maryland

University of Michigan
Ann Arbor, Michigan

University of Minnesota
Minneapolis, Minnesota

Washington University
St. Louis, Missouri

Seton Hall University
South Orange, New Jersey

Martin Luther King, Jr. Health Center
Bronx, New York

State University of New York
Buffalo, New York

Columbia Presbyterian Hospital
New York, New York

State University of New York
Syracuse, New York

Good Samaritan Hospital
Cincinnati, Ohio

University of Pittsburgh
Pittsburgh, Pennsylvania

Meharry Medical College
Nashville, Tennessee

University of Texas
Galveston, Texas

University of Virginia
Charlottesville, Virginia

University of West Virginia
Morgantown, West Virginia

Northeastern University
Boston, Massachusetts

Wayne State University/Children's
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